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ABSTRACT

Intended for parents and teachers, the booklet describes the symptoms and need for early identification of learning disabilities. Sections address the definition of learning disabilities, characteristics, incidence, etiology, diagnosis, medication, education, counseling--therapy, and sources of information. Offered are tips for both parents (such as - "keep life simple and encourage outside interests") and teachers (including - "place the child closer to the teacher's desk and structure the child's work for success"). A list of 20 suggested readings is also provided. (SBH)

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Your Child Has A Learning Disability...

ED169694

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WHAT IS IT?

A GUIDE FOR PARENTS AND TEACHERS

by
Beverly W. Grabow
Revised Edition

Dedicated to Larry–

Who taught me to understand

Cover photo by Rona Talcott courtesy Willett Treatment Center, Easter Seal Society of Metropolitan Chicago

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PREFACE

A disorder that may affect as many as 10 percent of elementary school-age children was identified in the 1940s by the late Alfred A. Strauss, M.D., and his associates. It was more than a decade later before the first public elementary school class was created for children with the academically disabling condition with which we are concerned in this booklet. In recent years federal legislation has provided funds that encourage the development of special education programs for children with learning disabilities. Yet today many people are still unfamiliar with the problems involved in this hidden handicap that afflicts children from every economic level.

The author, a parent and teacher of children with learning disabilities, describes the symptoms and the need for early identification. She offers remedial suggestions for parents and teachers and gives encouragement and hope to parents that a child with a learning disability can become a self-sufficient adult if given understanding, encouragement, firmness, and proper educational training. Mrs. Grabow is a learning disability specialist in Highland Park, Illinois; an instructor for the National College of Education, Evanston, Illinois; and an educational therapist in private practice in Glencoe, Illinois, where she lives.

Your Child Has A Learning Disability ...WHAT IS IT?

You have been informed that your child (or child in your classroom) has a "learning disability." The diagnosis may have been made by the school psychologist or a pediatrician or at a diagnostic or a guidance clinic. You probably have suspected for some time that something is not "just right." What is the condition? How many other children are affected? How will it affect your child? Will learning be possible? What caused it? Is it your fault? Can it be cured? These are natural questions. But unless you read thoroughly on this comparatively new subject, you may not quite understand what this hidden handicap is or how you can help once your child has been determined to have it.

Different Names for Learning Disabilities

There are many terms for the condition referred to in this booklet as "learning disability." Since research was first begun on this disorder, many names have been used. The child may have been diagnosed as being perceptually disabled or neurologically handicapped or as having a language or learning disorder. Other professional terms for this condition are "minimal cerebral dysfunction syndrome," "dyslexia," "specific reading disability," "maturational lag," and "central nervous system dysfunction." At present the term that is most commonly used is "learning disability," labeling the disorder for one of the main symptoms rather than the cause, which often is not known.

Definition

What is a learning disability? The child with this condition commonly has near-average, average, or above-average intelligence.

Hearing and sight are likely normal. There are usually no obvious physical handicaps; in fact, the child is often quite good looking. Although the child is not primarily emotionally disturbed, inappropriate behavior is frequently displayed. An adequate educational background is evident, and the child may

live in an average or above-average culturally advantaged home. Children with learning disabilities come from all economic levels, racial origins, and religious backgrounds. Their problem often emerges in school in learning to read, spell, write, do arithmetic, or use language correctly.

Characteristics

For many years learning disability in children went undiagnosed. Children with this disorder were described as being lazy, undisciplined, bored, uncontrollable, stubborn, spoiled, underachieving, slow-learning, daydreaming, or were falsely labeled mentally retarded or emotionally disturbed. Their parents may have been told they would outgrow it, but, as they fell progressively behind in school, their behavior problems increased correspondingly.

Children with learning disabilities may typically display a distinct set of childhood characteristics. As babies they are early risers who are into everything and do not learn when most children do to understand the meaning of "No!" They are poor sleepers or sleep at strange times. They resist discipline. Occasionally they throw a tantrum over nothing, then sob as if the whole world were against them. They are always on the go. A physician or teacher may call them "hyperactive." In school they are unable to sit still for very long and show a "short interest span." They are distracted very easily; every noise or motion seems to catch their eye. Once started laughing or giggling, they often find it hard to stop. Although they like to play with other children they end up fighting or left out because they can't understand the rules of a game or comprehend what is expected of them. They seem fearless, shinning up a tree for a stray cat or up the high diving board for a jump in the swimming pool. However, they may also be clumsy, inept at batting a ball, tying their shoes, or skipping. Without apparent emotional basis, they may swear, lie, steal, and even set fires, unaware of the consequences. These are examples of the behavioral problems sometimes, but not always, seen in the child with a learning disability disorder. Occasionally, a very quiet, lethragic child with none of these problems may also display a disability in learning.

What are the educational difficulties? In school these children may not be able to learn through the regular classroom methods, even though their results on standard tests of intelligence are normal or near normal. They may not be able to learn to read; if they do, they may have a "concept" problem that interferes with their ability to learn arithmetic readily or to comprehend directions or discussions. Their printing or writing may be extremely poor. They may find it hard to copy a letter in front of them or to remember how to form a letter once learned. They may have difficulty expressing simplest thoughts on paper. Their spelling may be very poor. They may have a language disorder, which becomes apparent in inability to form words, remember names, or comprehend what is said to them. All these problems are rarely present in one child, but extreme academic handicaps arise when a child must cope with even only one of them.

Number of Children with Learning Disabilities

A variety of estimates have been made concerning the number of school-age children who have learning disabilities. At the present time from 5 to 6 percent of all elementary school children are being identified as having a learning disability. This figure is higher than any other type of exceptionality, including emotional disturbance, mental retardation, deafness, and visual or speech problems.

For many years more boys than girls seemed to be identified. However, with current early screening tests, many girls also have been found to have learning disabilities. Whatever the prevalence, there are likely to be in every classroom several children who have learning disabilities to some degree.

Causes

What causes a learning disability? Whether it is a neurological or central nervous system dysfunction, maturational or developmental lag, or chemical imbalance is not known. The cause may stem from lack of proper nutrition during fetal development, slow central nervous system development, or damage before, during, or after birth from difficult delivery, a fall or accident, high fever, encephalitis, lack of oxygen, a viral illness in the

mother, blood incompatibility, or genetic trait. Whatever the cause, it is beyond the parents' control, and it is useless for parents to blame themselves for the child's disorder.

Diagnosis

If you suspect that your child has a learning disability what should you do? First, you should take the child to a pediatrician for a thorough diagnosis. This physician may recommend a neurological examination performed by another specialist who evaluates the development and function of the central nervous system. This may or may not include an electroencephalogram (EEG) – a brain wave test, which is painless. If an EEG is recommended, you can help alleviate any fears the child may have by explaining that the test involves placing little rubber tips with wires attached at different parts of the head so that different reactions can be recorded. Remember that the unknown can be frightening.

In addition to discussing your concerns with the child's physician, you should see that the child receives a thorough visual examination including visual functioning as well as acuity.

Almost every school district has, or could recommend, a place for preschool screening. If you suspect your child has a learning disability, it is essential to check with the school district to see where and when this screening test is given.

To successfully learn to read, a child must have reached the level of six years, not only in mental age, but also in various developmental areas. Some of these areas are sound association, discrimination – both visual and auditory, revisualization, and rhyming. To be able to reproduce letters, a child's small muscle coordination must also have developed sufficiently. Screening and diagnostic tests have become increasingly accurate in pinpointing problem areas for preschool and kindergarten children. If such tests indicate a lag, it may be kinder to hold a child back a year than to push ahead before skills necessary for reading tasks are developed. That extra year in maturation could make a difference in future successes attained in the academic areas of school by the child who has a learning disability.

If your child has begun school and does not seem to be

catching on or is complaining about having trouble keeping up with schoolwork, discuss your concerns with the school and request a diagnostic screening for learning disabilities. The diagnostic tests should include a general intelligence test of both verbal and performance abilities, a visual perceptual test showing eye-hand coordination, and a language evaluation test indicating vocabulary knowledge. If a test for academic achievement shows that the child is not learning in the regular classroom and a significant difference emerges between the verbal and performance scores on the intelligence test, it is likely that a learning disability exists.

When the results of the tests are available, parents have the right to be present to learn what educational program is available and even to be in on the planning of the Individualized Education Plan (IEP) for their child.

Once a diagnosis reveals that a child is neither mentally retarded nor emotionally disturbed, many parents express a relief that enables them to accept and approach handling the multiple problems the child confronts. Unusual symptoms have a name, someone understands, the child can be taught. There is hope!

Medication

If a child is extremely hyperactive, a physician may recommend medication. In some cases this increases attention span and helps the child to receive and respond to regular classroom instruction. However, medication alone, without proper one-to-one educational remediation, is rarely enough. With early diagnosis and properly prescribed medication, many children with severe learning disabilities can be taught in a regular class, while otherwise they may need a special self-contained classroom. Caution should be taken to give medication at the time of day directed to avert interference with sleep. Overdosage should be avoided. Maintenance of open communication with the school is essential to keep aware of the child's behavioral responses. Of course, any decision to try medication must be left to the physician.

Tips for Parents

Two basic skills for learning are attending (looking and listening) and imitation. If your child during infancy will not look directly at you, focusing attention on your face and responding to your voice, take extra time and patience to get his or her attention by gentle talk and play. In this communication between parents and baby, the foundation of trust and learning takes place.

Give Understanding. If a child is diagnosed as having a learning disability, the most important thing that you as a parent can do is to give understanding. Understand that your child is not deliberately disobeying, but may not be comprehending what you are saying or expecting. Understand that the child may hear your request, but forget it immediately or because of distraction be unable to carry it out. Try to get complete attention before asking the child to do something. Because of the many disappointments you feel and the punishments and reprimands you may consequently give, your child with a learning disability may feel like a "bad child," who is unloved and possibly even hated. The effect of constant scolding possibly given at home and in school is often intensified by the disappointment and inadequacy the child may feel as the result of the inability to learn, in the jeers received from friends, from the feeling of stupidity acquired. It is little wonder that children with learning disabilities may often act as though the world is against them and develop behavior problems that compound the learning disorder.

Be Positive. What the child needs more than anything else is a feeling of "I'm okay!" It is essential that the child hear positive feedback about the things he or she can do. The child needs to feel wanted, worthy, and loved. Find things to sincerely compliment several times each day. Instead of giving criticism and punishment, say, "Good, you've remembered your sweater." "You poured that yourself, great!" "Wow, you sure can be a helper!" Explain carefully and slowly what you want done, but then, if possible, ignore the inappropriate response if it occurs. When a child sees how much praise can be won for right actions, other problems often decrease. It is amazing how an angry,

hostile, aggressive youngster can become a happy, loving child with new understanding in parents.

Show Firmness. However, along with praise must go firmness. A child who is extremely active, naturally experiments with many situations. A firm explanation as to why something cannot be done is essential. Both parents must agree on what is expected so that the child understands why impulses must be restricted. Often depriving a child of outdoor play or some other form of pleasure works better than spanking or yelling, which may be misinterpreted by the child with a learning disability. A reward is often helpful in teaching responsibility. It is important that the child feel needed and appreciated as a helping member of the family and, like everyone else, be held responsible for certain chores. Encouraging expressing of feelings and opinions is important.

Keep Life Simple. Rearing a child with a learning disability can be a challenging experience. Remember that the child often does not understand what is expected or how to act in a social situation. Once you have claimed his or her attention, keep your requests simple; ask one thing at a time. When the child is calm, try to explain slowly what led to a misunderstanding. Keep life simple. Explain any changes in the routine in advance. Organize the child's room. During meals, keep the table uncluttered. When doing homework, place only the paper or book needed on the desk. If possible, see that the noise and excitement level in the home are minimal. Keep your cool! Have patience! Find a sense of humor! An approving hug, smile, or wink means a lot to the child who has a learning disability. Advice on guidance and management such as that written by Ginott[5] and Gordon[6] for parents of normal children can be beneficial for parents of children with learning disabilities also.

Encourage Outside Interests. While children with learning disabilities may not be able to do as well as they might like academically, there often is something in which they can excel. It is important to look for a "spark" and encourage interest in outside activities such as a sport, art, music, drama. The money and effort spent will be well worth the results of giving the satisfaction that the child can do something well.

Consider Tutoring. Even though the child will be getting the benefit of special education from the school district, it is often advisable to supplement this with outside tutoring. An understanding, patient tutor can be looked upon as a piano or guitar teacher and can give the child the additional confidence and support needed, especially if the child is painfully behind. This is especially true 1) in the early grades to catch up with basic reading skills, and 2) at the junior high school level to help bridge the gap between the preteen and the difficult adolescent years of high school.

With earlier diagnosis and special education available in our school districts, the future looks brighter for the adolescent who has a learning disability. But what about the child who has not received adequate help throughout the elementary school years? This student enters high school unable to keep up with classmates. Unfortunately, children with inadequate self-concepts often are attracted to delinquent activities for attention. By their daring they receive the attention they so often miss from their more academically endowed friends. While this may be only a passing phase, it could become many years of heartache for the family and the teen-ager forced to attend daily classes where feelings of inadequacy are reinforced.

Fortunately, federal legislation is recognizing this need, and more and more school districts are beginning to look into "alternative high schools" for the high school-age student who cannot cope with a regular academic curriculum. Here special education teachers begin at the individual success level of each student and work in every way to build self-concept and confidence.

Parents have the right to special education help for their teen-ager, even if their child's condition has never been diagnosed. By requesting that a full psychological and academic diagnosis be undertaken by the school district or an outside psychologist, they may find that their acting-out adolescent has a learning disability that has been undetected.

Many children with learning disabilities go on to college or take on responsible jobs in the business world. However, others

It is important to look for a "spark" and encourage outside activities such as a sport, art, music, drama. The money and effort spent will be well worth the results of giving the satisfaction that the child can do something well.

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may finish or leave high school with little motivation to find a job. It is best to encourage these young people in every way possible to get them out on their own – even to start their own enterprises, such as their own businesses. An ad in a local newspaper or circulars delivered house to house will result in job calls. By performing these chores for pay, adolescents may gain confidence in their own ability and be on their way to independence. Living away from home is also important for young adults, who must learn from their own mistakes, yet know they have the emotional support of their parents in time of special need.

Perhaps the greatest job for parents of the child who has a learning disability is to find the magic balance that lies between encouraging independence and supplying the support and strength the child with this hidden handicap needs so urgently. It is not an easy road, but each success along the way can make the challenge worth every effort.

Education

As soon as a diagnosis of learning disability has been made, proper academic help for the child should begin. According to federal legislation each school district must provide special education for children who have learning disabilities. Services may be provided by a learning disability specialist, who may see the child for twenty to sixty minutes, two to five times a week. The child may remain in the regular classroom for the rest of each school day. For those whose learning disabilities are more severe, a special self-contained classroom may be necessary. Transportation to a special class is to be provided by the school district, according to federal law, if it is agreed that the regular school cannot adequately provide the services the child needs. In some very severe cases, when the child is unable to make sufficient progress in the special classroom, the state will reimburse parents for a private school. It is important for parents to know that it is their right, by federal law, to investigate this possibility if all other means have failed.

Parents should know that they must sign permission before

any individual testing can be done for their child and that they have the right to be informed about what educational placement is recommended. If they are not pleased with the recommendation they can appeal for a different placement, stating the reasons why they do not feel the recommendation is appropriate.

How does this hidden handicap affect learning? If children with learning disabilities are intelligent why are they unable to read or to do arithmetic the same way other children do? Although children with learning disabilities can typically see and hear as well as other children they are often unable to perceive, understand, or interpret what they see and hear. This inability is known as a visual, auditory, or conceptual disorder. The child may not be able to tell the difference between *b, d,* and *p,* or *u* and *n* because of an inability to interpret in which direction the letter goes or which sound is associated with it. There may be difficulty hearing or discriminating the difference in sound between *a* as in *apple,* or *e* as in *elephant.* When this happens, the child falls behind in reading and is unable to take the progressive steps ahead.

Another form of learning disability affects writing and is called a visual-motor or motor coordination disorder. Special exercises must be given to train the child's eye to see directional lines before the hand can coordinate with it to form letters. The child may have a language disorder and experience difficulties in comprehending reading materials, in expressing thoughts orally or in writing, or in revisualizing letter order in spelling. The concept of numbers or any abstract thought may be very hard fora child with learning disabilities to comprehend. Through special instruction with a patient teacher trained in learning disabilities, the child can learn, but individual aid is essential in most cases.

The learning disability specialist determines the child's deficit areas and achievement level in order to set up a remediation program for success. Tests are evaluated for visual and auditory perception, discrimination, memory and sequencing, visual-motor coordination, receptive and expressive language, and

conceptual skills, as well as for verbal and nonverbal intellectual abilities and academic achievement level. A diagnostic reading test is given. The material and activities the specialist uses will be individualized for the child's needs and constantly re-evaluated and supplemented.

For children missing basic developmental skills, a sensory integration program may be started, utilizing the combination of the input of visual and auditory sensations and the output of motor activity. This approach emphasizes the natural development of the child and assumes that there is a sequence of developmental stages to be successfully learned before the next stage can be mastered. Remediation consists of helping the child learn each skill at the most basic level and continue successfully through sequential steps.

Tips for Teachers

What can you as a classroom teacher do when you suspect that a child in your room has a learning disability?

Place the child closer to the teacher's desk. This is not punishment, but for convenience so that you as the teacher can quietly give the pupil extra help if needed for understanding directions, see that an assignment gets started correctly, or help find the place in a book. Movement of other children is often very distracting to the child who has a learning disability, and placing the child apart from the other children can help control behavior. A clear wall or empty blackboard to face in the room also helps lessen distractions.

Structure the child's work for success. Children with learning disabilities come to school ready to learn and find unexplainably that they cannot. They become more and more frustrated and often end up unable to do anything successfully all day. They begin to feel failure with their teacher and their classmates and, with their often distractive hyperactive disposition, become more and more a behavior problem. By breaking this pattern and expecting a small success each time, you can help these children begin to think of themselves with pride. If you

know that learning to spell fifteen words is an impossible goal, begin with five instead. Go over the sound of each letter with the child. See if the child can circle the vowels, difficult sounds, or silent letters. Tracing the word might help. You can sometimes help a child concentrate on a distracting paper with many problems by blocking it off or folding it to show only one row at a time. If finishing a page in reading or arithmetic is difficult instruct the child to go to a certain point only. When that point is reached, the child will experience personal satisfaction as well as a feeling of success.

Work with concrete material. The child with a learning disability often does not understand abstract ideas. If teaching math, give beans to handle and count. If teaching letter sounds, tape on the child's desk a 3x5-inch card with the beginning short vowel sound and a picture to associate with, such as an *a*pple *(a)*, *e*lephant *(e)*, *i*gloo *(i)*, *o*ctopus *(o)*, and *u*mbrella *(u)*. Sometimes these cards appear on the blackboard or wall, but the distance is too far to be of benefit. Remember that distractions between this special child and the blackboard can be many. A child who has a problem in writing should have the cursive capital and small letters neatly written and taped to his or her desk to help switch from print, a transition that is often especially difficult.

Encourage! Repeated failure can make a child's self-concept very low. Try to find something to compliment whenever possible. If a child's disability is severe, begin with a positive comment every few minutes. "Good, you are sitting in your seat." "I like the way you have your pencil ready." "You began that at the right place. Fine!" "I see you knew the right page. Good." Remind yourself to write "Good work!" "Nice try!" or some positive sign of encouragement on each paper, rather than only the number completed wrong.

Give reasonable homework. If you teach in a school where you feel you must give homework, keep in mind that the average twenty-minute assignment takes the child with a learning disability two to three hours to complete. No teacher would deliberately make a child as miserable as some

inadvertently do by expecting the same homework assignment to be done by this child as that done by those without learning disabilities. Little does the teacher realize the tension that begins in most homes when parents try to "help" their child get through a seemingly easy task that is impossible for the child to perform. When a parent attempts to help the child, frustration is experienced by both. The child is accused of not paying attention or wasting time, and the battle is on, ending usually in tears and hostility. The child with a learning disability seriously needs individual help from a professionally trained teacher in the field. Homework, if it must be given, should be reduced to whatever the child can do in fifteen to thirty minutes.

Try peer tutoring. Peer tutoring can be used effectively within each classroom. Studies have shown that peer tutoring can be more effective than adult tutoring. Through an organized "Tutor Club," other children can be taught the skills of listening and teaching and the benefits derived from helping others.

Look at the whole child. "Humanistic education" teaches the necessity of recognizing the needs of individual children and of reaching and teaching the "whole child." By realizing that teaching consists not only of dispensing academic knowledge, but also of projecting an awareness of the feelings and emotions of students, teachers everywhere are beginning to find methods for allowing children to share their feelings, opinions, and problems. By getting to know classmates for characteristics other than purely academic abilities, children can learn to respect each other's differences and to help one another. Techniques are available for fostering awareness and positive self-concept. The book *100 Ways to Enhance Self Concepts in the Classroom* [20] is one of many publications on "affective" exercises and methods.

Additional Tips. If at all possible, allow time to provide individual help for at least ten to fifteen minutes a day to any child who has a learning disability in your classroom. During this time you can explain to the child that you are willing to go over any part of the day's work that is not clear. In most instances the child will receive this offer with inner relief.

- Encourage the child to ask questions about the day's work or assignment. If there are no questions, go over important points of the lesson step by step to make sure the child understands correctly. This extra few minutes of individual attention could be enough to clarify a lesson sufficiently to allow the child to keep up with the class.
- Relating some of the concepts learned in a lesson to a child's own experiences will help to clear up confusion when it exists. The child with a learning disability will usually need more practice than most children in order to master a particular skill. Classroom teachers who keep notes on the child's needs and give these notes to the learning disabilities teacher will help the child to keep up. The education of the child with a learning disability must be seen as a shared responsibility of all the child's teachers. The learning disabilities teachers cannot do the job alone.
- Having an extra copy of a book at home and a parent who is willing to cooperate will help a child to practice or to complete necessary classwork. Remember that a child with a learning disability may grasp only part of a lesson and need extra time to finish a story or assignment.
- Some children with learning disabilities need more time to think. Since pressure causes them to falter, the patience you show in waiting can enable them to come up with answers sought.
- If a child can respond verbally, but is not yet ready to answer questions in writing, consider arranging tests that will permit the child to respond verbally or even on a tape recorder.

The most important challenge is for the classroom teacher to help children with learning disabilities to make contributions to the classroom—things that will make them feel good about school as well as about themselves.

Counseling – Therapy

A child with a learning disability meets daily with frustration in the schoolroom and often experiences rejection from other children in play. This frustration and rejection are further compounded by the disappointment parents display when they witness poor academic progress at school and inability to follow

simple directions at home. It is little wonder that behavior problems increase and more serious emotional problems develop. However, as the child's handicap is not primarily due to emotional problems, traditional psychotherapy alone has not often been successful.

When parents and teachers provide understanding, firmness, and sincere praise instead of criticism and rejection; when proper medication is given if prescribed; and when proper individual educational help is begun, behavior problems often decrease to a marked degree. The child may still, however, harbor feelings of inadequacy and have questions about the complex and confusing handicap that learning disability is. Children with learning disabilities may wonder why they can do some things and need special help with others. They may secretly wonder if they are not mentally retarded or deficient in some way. And yet, they often have no one to adequately answer the many questions they may have about themselves.

A social worker at a Family Community Service, a psychologist, or a psychiatrist (whose services are becoming increasingly paid by health insurance) may help—especially before the adolescent years, when many conflicting problems or misinterpreted concepts arise. Recent research indicates that a disproportionate number of juvenile delinquents, when tested, were found to have undiagnosed learning disabilities. It is wise to seek professional counseling for evaluation and advice about preadolescent behavior before the youngster reaches the more difficult teen-age years, at which time assistance with behavior problems may be resisted.

Family therapy is often beneficial when tension develops from the many problems of this hidden handicap. Brothers and sisters are often affected by the disproportionate amount of time and energy given to the child who has a learning disability. Husband-and-wife relationships can be strained from disagreements over how to handle unruly behavior or the lack of responsibility many youngsters with learning disabilities exhibit. Families with a child who has a learning disability may need guidance and can often benefit from the advice of a professional trained in family counseling.

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Future

What is the prediction for these children? Can they "make it" in the adult world? With their average intelligence, maturing common sense and development, and the instinctive human ability to adjust, most children with learning disabilities can grow up to be fairly productive adults. Will they be "college material"? The answer to this often depends on the level of general ability. All other things considered, a bright child with learning disabilities will be expected to progress further in school than a child with average or below-average abilities. The child with drive and the strong motivation to put in intensive effort will do more than another child with an easygoing nature. The outward signs of hyperactivity seem to decrease in teen-age years. As to choice of vocation, while many of these children may never excel in reading or math, many find success in business or mechanical fields. Some famous people who have had learning disabilities include Thomas Edison, the inventor; Rodin, the French sculptor; Woodrow Wilson, 27th President of the United States; Nelson Rockefeller, a former United States Vice-President; and Albert Einstein, the mathematical genius.

Source of Information for Parents and Teachers

Parents, teachers, and other professionals concerned with children with learning disabilities have formed local organizations in many cities throughout the United States and Canada. The purpose of these groups is to provide information, follow latest educational and medical research, and support legislation for special classes and trained teachers in the field. Literature and professional speakers are available and a setting where mutual problems can be explored is provided. For help in finding the organization nearest to you, write to the Association for Children with Learning Disabilities, 4156 Library Rd., Pittsburgh, Pa. 15234.

A bibliography giving titles, annotations, prices, and sources of publications concerned with children who have learning disabilities is available from the Information Center of the National Easter Seal Society for Crippled Children and Adults, 2023 W.

Ogden Ave., Chicago, Ill. 60612. *Rehabilitation Literature,* the professional journal published by the Society and available by subscription, reviews and indexes new publications, including books, pamphlets, and journal articles.

The California Association for Neurologically Handicapped Children, P.O. Box 604, Los Angeles, Calif. 90053, will also mail a resource list on request.

Professional magazines available are:

Academic Therapy, 1539 Fourth St., San Rafael, Calif. 94901. Quarterly. An interdisciplinary journal, directed to an international audience of teachers, parents, therapists, and specialists in all fields working with learning disabilities.

Journal of Learning Disabilities, 5 N. Wabash Ave., Chicago, Ill. 60602. Monthly. A multidisciplinary journal focusing on all aspects of the child who has a learning disability.

Learning Disabilities Quarterly, Department of Special Education, 435 Herbert C. Miller Bldg., University of Kansas Medical Center, 39th & Rainbow Blvd., Kansas City, Kan. 66103. A journal of the Division for Children with Learning Disabilities of the Council for Exceptional Children.

SUGGESTED READINGS

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